INDIVIDUAL HEALTH CHECKLIST (Non-Health Benefit Plan)

() Review with General Health Insurance Policy Checklist

Mandatory Provisions/Benefits

The following provisions must be included in the individual policies. If they do appear, check the statute to be sure it applies to the type policy being reviewed. See KRS 304.17-300 as a general reference.

() KRS 304.17-030(1)	Entire money and other consideration
() KRS 304.17-030(2)	Date and duration
() KRS 304.17-030(3)	Insure only one person unless family policy
() KRS 304.17-030(4)	No undue prominence to any portion of text
() KRS 304.17-030(5)	Exceptions and reductions specified
() KRS 304.17-030(6)	Form number in lower left-hand corner of the first page
() KRS 304.17-042	Newborn coverage. Notice of birth and premium payment may be required within 31 days of birth in order to continue coverage, if payment of a specific premium or fee is required to add a child.
() KRS 304.17-050	Entire contract
() KRS 304.17-060	Limitation on defenses and incontestability (3 years)
() KRS 304.17-070	Grace period
() KRS 304.17-080	Reinstatement
() KRS 304.17-090	Notice of claim (60 days)
() KRS 304.17-100	Claim forms (15 days)
() KRS 304.17-110	Proof of loss (90 days)
() KRS 304.17-120	Time of payment of claims (30 days)
() KRS 304.17-130	Payment of claims at the insured's death

() KRS 304.17-140	Physical examination and autopsy	
() KRS 304.17-150	Legal actions (60 days to 3 years)	
() KRS 304.17-160	Change of beneficiary	
() KRS 304.17-170	Right to examine and return policy (10 days) (Must be on face page)	
() KRS 304.17-270	Right to refuse renewal	
() KRS 304.17-415	Return of unearned premium	
The following must be covered. If not specifically mentioned as a benefit, they may not be excluded. Check statute to be sure it applies to the type of policy being reviewed.		
() KRS 304.17-305	Indemnity payable for services performed by optometrists, osteopaths, physicians, chiropractors	
() KRS 304.17-315	Policy covering services performed by dentists	
() KRS 304.17-316 () KRS 304.17-316(2)(b)	Coverage for low-dose mammography screening Requires coverage for mammograms, regardless of age, for a covered person diagnosed with breast disease.	
() KRS 304.17-3165	Coverage for autologous bone marrow transplantation for breast cancer (ABMT)	
() KRS 304.17-317	Coverage for Ambulatory surgical centers	
() KRS 304.17-3185	Coverage of services for licensed psychologists or licensed clinical social workers	
() KRS 304.17-319	Coverage for TMJ	
Required Offerings		
() KRS 304.17-185	Nursery care for well newborns (5 days or length of mother's stay - If Maternity benefits are provided	
() KRS 304.17-310(1)	Dependent coverage	
() KRS 304.17-310(2)	Continuing coverage for handicapped child	
() KRS 304.17-310(3)	Unmarried Dependent child coverage until 25 years of age	

() KRS 304.17-313 Home health care (Must cover a minimum of 60 visits per year) () KRS 304.17-3163 Breast reconstruction, Treatment of endometrosis and endometritis, and bone density testing () KRS 304.17-3163(2) Mastectomy cannot be required on an outpatient basis () KRS 304.17-318 Mental illness (same as physical illness) **Optional Provisions** The following provisions may be included. See KRS 304.17-300 as a general reference. () KRS 304.17-190 Change of occupation () KRS 304.17-200 Misstatement of age Other insurance in this insurer () KRS 304.17-210 Insurance with other insurers () KRS 304.17-220 () KRS 304.17-230 () KRS 304.17-240 Relation of earnings to insurance () KRS 304.17-250 Unpaid premium () KRS 304.17-260 Conformity with state statutes () KRS 304.17-280 Illegal occupation () KRS 304.17-290 Use of intoxicants () 806 KAR17:030 Indemnification for surgical care by use of a schedule a. If indemnification is limited to the listed operations, the policy or rider shall so indicate in the unequivocal language. b. If the company is to determine the amount to be paid for any unlisted operation, the policy must provide how that amount will be determined. () KRS 304.14-230(1) The policy may be delivered by electronic transfer, by agreement between the insurer and the insured or the person entitled to receive the policy.

Prohibited Provisions

() KRS 304.14-370	Binding arbitration cannot be required. Arbitration can be an option.
() KRS 304.12-013	May not limit, reduce or exclude AIDS related benefits
() KRS 304.12-250	May not exclude work related conditions unless the claimant is eligible for benefits under any workers' compensation
() KRS 304.5-160	No health insurance contract shall cover abortion except by rider.
() KRS 304.17-030(7)	Incorporation by reference of charter, rules, constitution, or by-laws of insured
() KRS 304.17-360	Benefits or values for surviving or continuing policyholders contingent upon termination or lapse of other policyholders
() 806 KAR 17:050	Limit or exclude obligation to pay because insured is eligible for or receiving Medicaid

For PPO plans see PPO checklist Also applies to HMOs